Proposed Revision to
Division of Medical Assistance N.C. Prior Authorization Program
Schedule II Opioid Narcotics

DRAFT

Therapeutic Class Code: H3A

Therapeutic Class Description: Analgesics, Narcotics

~~**Medication**~~	~~**Generic Code Number(s)**~~
~~OxyContin (Oxycodone)~~	~~16282, 16283, 16284, 16286, 99238, 99239, 99240~~
~~Oxycodone Extended-Release~~	~~16282, 16283, 16284, 16286~~

Early and Periodic Screening, Diagnosis and Treatment~~EPSDT~~ Provision

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) allows a recipient less than 21 years of age to receive services in excess of the limitations or restrictions below and without meeting the specific criteria in this section when such services are medically necessary health care services to correct or ameliorate a defect, physical or mental illness, or a condition [health problem]; that is, documentation shows how the service product or procedure will correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

EPSDT DOES NOT ELIMINATE THE REQUIREMENT FOR PRIOR APPROVAL IF PRIOR APPROVAL IS REQUIRED. Additional information on EPSDT guidelines may be access at http://www.ncdhhs.gov/dma/EPSDTprovider.htm.

~~**Criteria for Cancer or Patients with other Terminal Illnesses:**~~

~~1. Patient must have failed therapy with other generic products (oxycodone or similar narcotic analgesics)~~

~~2. A maximum of 6 tablets per day may be authorized.~~

~~3. Length of therapy may be approved for up to one year.~~

~~**Criteria for Chronic, Nonmalignant Pain**~~

~~1. Patient must have failed therapy with other generic products (oxycodone or similar narcotic analgesics)~~

~~2. Patient must have a diagnosis of chronic pain syndrome of at least four weeks duration.~~

~~3. Patient must have a pain agreement on file at the physician's office. DMA may request a copy of the patient's pain agreement from the practitioner's medical record. A patient who resides in a facility where legend drug use is authorized by a written order from the prescriber is exempted from having a pain agreement on file at the physician's office.~~

~~4. A maximum of 4 tablets per day may be authorized.~~

~~5. Length of therapy may be approved for up to one year.~~

~~**Procedures:**~~

~~Changes in strength will not require additional Prior Authorization.~~

~~Prior Authorization request forms will be accepted when submitted by facsimile telecommunication methods only.~~

~~**References**~~

~~Management of Chronic Non-Malignant Pain – Position statement of the NC~~

~~Board of Medical Board. http://www.ncmedboard.org/mgmt.htm~~

~~**Sample Pain Agreements**~~

~~These sample pain agreements are available for the purpose of viewing only and do not indicate an endorsement of any individual agreement.~~

~~Controlled Substances Sample Agreement.pdf~~

~~Opioid Sample Agreements.pdf~~

Schedule II Opioid Narcotic Prior Authorization

Effective [insert month, day, year] all brand-name schedule II (CII) narcotics will require prior authorization.

Medications affected: All brand-name CII narcotics

Short-Acting: Actiq, Demerol, Dilaudid, Endocet, Endocodone, Endodan, Fentora, Levo-Dromoran, Lynox, Magnacet, Meperitab, Meprozine, Narvox, Opana, OxyIR, Percocet, Percodan, Percodan Demi, Percolone, Perloxx, Roxicodone, Roxicet, Tylox, MSIR, Combunox, Ionsys, M-oxy, Roxilox

Long-Acting: Avinza, Duragesic Patch, Kadian SR, MS Contin, Opana ER, Oxycontin, Oramorph SR, Dolophine, Methadose

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Exemptions: Prior authorization is not required for patients with a diagnosis of pain secondary to cancer.

A maximum of 750 mg/day of morphine (or similar morphine equivalent dose for non-morphine Schedule II narcotics) may be authorized.

Criteria for Use of Short-Acting CII Narcotics

- Documented failure within the past year of a trial of generic CII narcotic at dose equivalent to brand CII narcotic being prescribed. Nature of treatment failure must be clearly documented in the chart.

OR

- Patient has a known documented contraindication to one or more of the generic's ingredients (such as dye).

AND

- Length of therapy may be approved for up to 12 months.
- **Prescribing clinician has reviewed the North Carolina Medical Board statement on use of controlled substances for the treatment of pain (http://www.ncmedboard.org/Clients/NCBOM/Public/NewsandForum/mgmt.htm) and is adhering as medically appropriate to the guidelines, which include (a) complete patient evaluation, (b) establishment of a treatment plan (contract), (c) informed consent, (d) periodic review, and (e) consultation with specialists in various treatment modalities as appropriate.**

Criteria for Use of Long-Acting CII Narcotics

- Documented failure within the past year of a 30-day trial of generic long-acting CII narcotic (morphine sulfate extended release, methadone, oxycodone extended release, oxycodone controlled release) at dose equivalent to brand CII narcotic being prescribed. Nature of treatment failure must be clearly documented in the chart.

OR

- Patient has a contraindication or allergy to either generic extended release morphine or methadone.

AND

- Patient must have a diagnosis of chronic pain syndrome of at least four weeks' duration.
- Length of therapy may be approved for up to 12 months.
- **Prescribing clinician has reviewed the North Carolina Medical Board statement on use of controlled substances for the treatment of pain (http://www.ncmedboard.org/Clients/NCBOM/Public/NewsandForum/mgmt.htm) and is adhering as medically appropriate to the guidelines, which include (a) complete patient evaluation, (b) establishment of a treatment plan (contract), (c) informed consent, (d) periodic review, and (e) consultation with specialists in various treatment modalities as appropriate.**